



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

February 26, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Shen Cafe, 3520 Village Drive requesting a class A liquor license.

This location was previously known as Wind Chimes held a liquor license


Kit Sam, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved liquor license holder.

Kit Sam has been informed about the required training.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Shen Cafe

Street Address #1 3520 Village Drive, Suite 100-200

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68516

Premise Telephone number _____

Is this location inside the city/village corporate limits:



YES



NO

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Mailing address (where you want to receive mail from the Commission)

FEB 5 2013

Name Shen Cafe

NEBRASKA LIQUOR
CONTROL COMMISSION

Street Address #1 3520 Village Drive, Suite 100

Street Address #2 _____

City Lincoln State NE Zip Code 68516

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

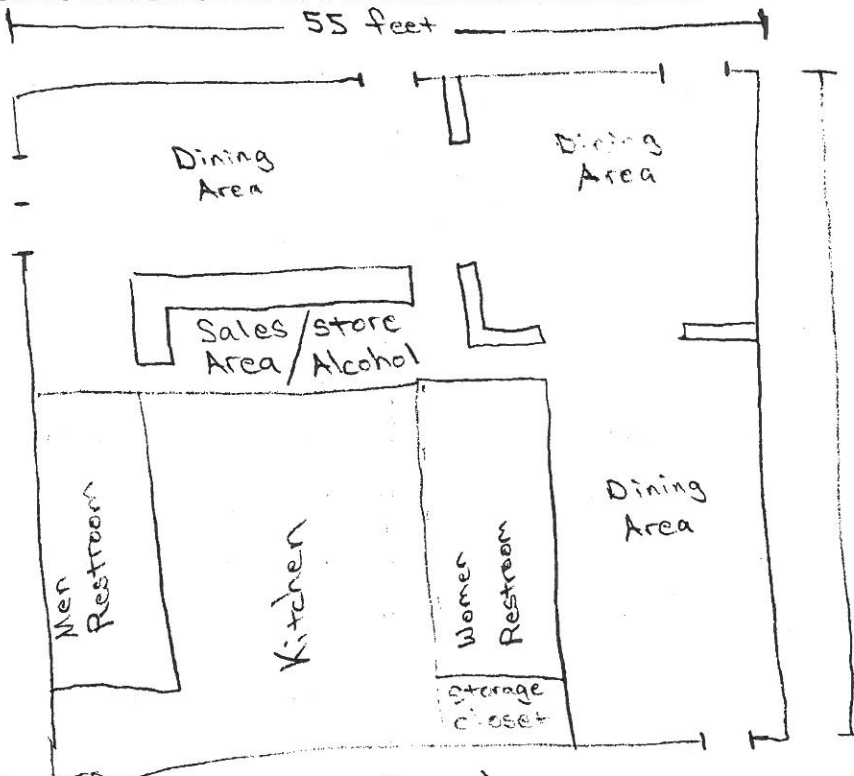
Length 55 feet
Width 51 feet

North One story bldg approx 55' x 51'
Suites 100 and 200

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

Building
contains
One Floor.

West



APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

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NEBRASKA LIQUOR
CONTROL COMMISSION

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

→ If yes, give name and license number Wind Chimes per Email

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) Gothenburg State Bank

**APPLICATION FOR LIQUOR LICENSE
PARTNERSHIP
INSERT - FORM 2**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION****Partner(s), including spouses, are required to adhere to the following requirements**

- 1) Must be a citizen of the United States
- 2) At least one (1) partner must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Primary Partner may be required to take a training course

Name of Primary Partner (Please note if your partnership is a husband/wife combination then opposite spouse will need to complete the additional partner section on the next page)

Last Name: Sam
First Name: Kit MI: Nebraska
Home Address: 501 5th St City: Gothenburg Zip Code: 69138
Social Security Number: _____ Date of Birth: _____
Home Telephone Number: 402-617-2815
Drivers License Number: _____ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☒ YES☐ NO

If yes, provide your spouse's information below

Spouses Last Name: Trinh
Spouses First Name: Lan MI: My
Social Security Number: _____ Date of Birth: _____
Drivers License Number: _____ State: NE

Name of additional partner(s) (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

Last Name: Trinh

First Name: Lan MI: My

Home Address: 501 5th St City: Gothenburg Zip Code: 69138

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: 402-617-2815

Drivers License Number: _____ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouses Last Name: Sam

Spouses First Name: Kit MI: Menh

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State: NE

If necessary, this page can be copied for additional partner information

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NEBRASKA LIQUOR
CONTROL COMMISSION

In compliance with the ADA, this partnership insert form 2 is available in other formats for person with disabilities.
A ten day advance period is required in writing to produce the alternate format.

FORM 15-4184
REVISED 5/2007

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NEBRASKA LIQUOR
CONTROL COMMISSION

No.



DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

Personal description of holder
as of date of naturalization:

Date of birth.

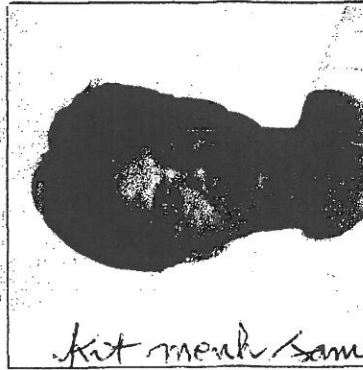
Sex: MALE

Height: 5 feet 7 inches

Marital status: MARRIED

Country of former nationality:

VIETNAM



I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

INS Registration No.

Kit menh sam
(complete and true signature of holder)

Be it known that, pursuant to an application filed with the Attorney General

at: LOS ANGELES, CA

The Attorney General having found that:

KIT MENH SAM

then residing in the United States, intends to reside in the United States when so
required by the Naturalization Laws of the United States, and had in all other
respects complied with the applicable provisions of such naturalization laws and was
entitled to be admitted to citizenship; such person having taken the oath of allegiance
in a ceremony conducted by the

U.S. IMMIGRATION & NATURALIZATION SERVICE
LOS ANGELES DISTRICT OFFICE

at: LOS ANGELES, CA

on: JANUARY 15TH, 1992

that such person is admitted as a citizen of the United States of America.

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PRINT OR PHOTOGRAPH THIS CERTIFICATE,
WITHOUT LAWFUL AUTHORITY.

Commissioner of Immigration and Naturalization

DEPARTMENT OF JUSTICE

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NEBRASKA LIQUOR
CONTROL COMMISSION

No.



Personal description of holder
as of date of naturalization:

Date of birth:

Sex: FEMALE

Height: 5 feet 1 inches

Marital status: MARRIED

Country of former nationality:

VIETNAM



LAN MY TRINH

then residing in the United States, intends to reside in the United States when so
required by the Naturalization Laws of the United States, and had in all other
respects complied with the applicable provisions of such naturalization laws, and was
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